RC-44 Illinois Cigarette Use Tax Return

Rev	03	
Sta	tion	061
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St	ep 1: Identify yourself					
1	Your name	3	Daytime phone number	er ()	
2	Number and street	4	Social Security numbe	r		
	City, state, ZIP		or FEIN			
St	ep 2: Describe the cigarettes you purch	ased	or acquired for	use in	Illinois	
5	Write where the cigarettes were purchased or acquired. 7 Write the dates the cigarettes the cigarettes were purchased or acquired.				or acquired	
	Name of place			101 ti 10 pu		
	Street address		Month Day Year	Invoice number		
	City, state, ZIP		Month Day Year	Invoice number		
6	What are the brand names of the cigarettes?		Month Day Year	Invoice number		
	What are the brand hames of the digarence.		•	Invoice number		
	·		Month Day Year	Invoice number		
St	ep 3: Figure the Illinois Cigarette Use Ta	ıx				
8						
	a For cigarettes in packs of less than 20, write					
	the number of cigarettes.	X 0	.099 = a _			
	b Number of packs containing 20 cigarettes. Packs of 20	X 1	.980 = b _			
	c Number of packs containing 25 cigarettes. Packs of 25	X 2	.475 = c _			
	Add Lines a, b, and c. This is the total amount of Illinois	Cigare	ette Use Tax.	8 _		
St	ep 4: Figure the Illinois (sales) Use Tax o	on ci	garettes			
9	Write the total purchase price of the cigarettes.			9 _		
10	Multiply Line 9 by 6.25% (.0625). This is the total amount of Illinois (sales) Use Tax.			10 _		_
11	Write the amount of sales tax you paid to another state (not to another country).			11 _		_
12	Compare Line 10 and Line 11. If Line 11 is greater than Lin					
	(sales) use tax. If Line 10 is greater than Line 11, subtract I This is the amount of Illinois (sales) Use Tax due.	Line 11	from Line 10.	12 _		1
C+				12 _		I
	ep 5: Figure the total amount you owe			10		1
13	Add Lines 8 and 12. This is the total amount you owe. Make your check or money order payable to the "Illinois De	partme	ent of Revenue."	13 _		
St	ep 6: Sign below					
	der penalties of perjury, I state that I have examined this return and,	, to the I	pest of my knowledge, it is	true, correc	t, and comple	ete.
Varia	r signature				Data	
iuul	olyliatui C				Date	

MAKE your check or money order payable to the "Illinois Department of Revenue."

WRITE "RC-44" on your check and attach it to this form (RC-44).
 MAIL this form (RC-44) to: ILLINOIS DEPARTMENT OF REVENUE

PO BOX 19019

SPRINGFIELD, IL 62794-9019

• DO NOT attach your check OR this form to any other return. RC-44 front (R-6/12)

